



Meakings, S. J., & Selwyn, J. (2016). '*She was a foster mother who said she didn't give cuddles*': The adverse early foster care experiences of children who later struggled with adoptive family life. *Journal of Consulting and Clinical Psychology*, 21(4), 509–519.
<https://doi.org/10.1177/1359104516631608>

Peer reviewed version

Link to published version (if available):
[10.1177/1359104516631608](https://doi.org/10.1177/1359104516631608)

[Link to publication record in Explore Bristol Research](#)
PDF-document

This is the final published version of the article (version of record). It first appeared online via Sage at <http://ccp.sagepub.com/content/early/2016/03/01/1359104516631608>. Please refer to any applicable terms of use of the publisher.

University of Bristol - Explore Bristol Research

General rights

This document is made available in accordance with publisher policies. Please cite only the published version using the reference above. Full terms of use are available:
<http://www.bristol.ac.uk/red/research-policy/pure/user-guides/ebr-terms/>

She was a foster mother who said she didn't give cuddles': The adverse early foster care experiences of children who later struggle with adoptive family life

Sarah Meakings and Julie Selwyn

Abstract

Foster care remains a valuable and safe intervention for many children unable to live with their birth family. When birth family reunification is not considered possible, a small proportion of children in foster care will go on to achieve permanency by way of adoption. This article reports on some unexpected findings to emerge from two national adoption studies of previously looked after children in England and Wales. Focussing on a subset of families who had experienced, or who were at risk of an adoption disruption, the findings revealed that children not only carried elevated risks for disruption due to their older age at entry to care, multiple foster care placements and traumatic early histories, but once in care, many of the children whose placements had disrupted were considered by their adoptive parents to have had very poor, even harmful fostering experiences before being placed for adoption. Possible explanations for these findings are discussed, together with the implications for social work practice.

Keywords: Adoption, foster care, maltreatment, disruption, attachment, transition.

Background

In the UK, a foster care placement provides children with the opportunity to live as part of a family, when living with birth family is not considered safe or possible. It has long been recognised that the family environment provided by way of fostering is preferable to that of residential care for most young children needing to be looked after away from home (Cliff & Berridge, 1991; Harden, 2002). The importance of the family unit in its many different forms, as the provider of a safe, nurturing environment for children is well established (Livingston-Smith, 2014). Nevertheless, families by their very nature are complicated and families who foster have more complexities than most. Not only do foster carers provide the day-to-day care for a child, they are also expected to engage with a range of professionals, liaise with birth relatives and for those caring for children with an adoption plan, work together with the prospective adopters to help facilitate the child's transition to their adoptive home.

The boundaries set within foster families are often complicated by the transient membership of the family. The composition of a foster family can change regularly and swiftly, with the arrival and departure of children. Those caring for children with plans for adoption are often uncertain about precisely how long the process of finding an adoptive family for the child will take, or the extent of their involvement with the transition. Nevertheless, foster carers are expected to share their family life and affection with a child, in the knowledge that the child will, most likely, move on (Triseliotis, Sellick & Short, 2005).

Family boundary ambiguity is a useful concept in helping to understand the lack of clarity around the composition of foster families and the function of the members within it. It

can be defined as *'a state in which family members are uncertain in their perceptions about who is in and out of the family, and who is performing what roles and tasks within the family system.'* (Boss & Greenberg 1984, p 536). Attention has been drawn to the experience of such ambiguity within foster families (see for example, Boss, 2006; Twigg & Swann, 2007; Thomson & McArthur, 2009).

In England, 5,330 children were adopted from care in the year ending March 31st 2015 (Department for Education, 2015), whilst in Wales, the same was true for 383 children (Welsh Government, 2015). Although nearly all of these children will have lived as part of a foster family on their journey to adoption, little research attention has been afforded specifically to the foster care experiences of this particular group. The emotional impact on children during their transition from foster care to adoption, has been the focus of some recent work (Boswell & Cudmore, 2014), but the foster care experiences of children awaiting adoption has been largely unexplored.

The National Minimum Standards for Fostering Services in England and Wales set out the entitlement of a child in foster care to grow up in a loving environment and to be treated in the same way a good parent would treat their own child (Department for Education, 2011). For optimal development, children need to receive sensitive, responsive care, characterised by warmth, affection and intimacy (World Health Organisation, 2004).

Reporting on their longitudinal study on the strengths and limitations of foster care, Sinclair, Wilson, Baker and Gibbs (2005) found fewer placement disruptions and small improvements in children's happiness, behaviour and relationships when fostered by warm, child-orientated carers. However, in their study of young children in foster care,

Hardy et al. (2013) exposed various deficiencies in meeting children's needs. They found that whilst 67% of the children in their sample had mental health concerns, most were not receiving appropriate interventions. The study also highlighted the lack of physical contact between the carers and children and in cases where developmental delay was present, low levels of vocalisation and reciprocity between babies and carers. Carers misinterpreted children's signals, which were often weak or confused. For example, when children were hurt, tired or distressed, some foster carers believed that the children were not in need of, or did not want their care. Other children in the study would communicate distress or frustration, but then reject the foster carers' attempts to help or comfort them. Hardy and colleagues (2013) concluded:

Carers tended to feel that they should wait for the child to signal readiness for closer contact, but as avoidant responses were so clearly ingrained in many children, it was observed how a pattern of distant relating between carer and child could become an established norm. (p 271)

In the US, Stovall-McClough and Dozier (2004) reported similar phenomena. They observed the differences between those children placed in foster care under 10 months of age, who developed secure attachments and those placed over the age of 10 months, who exhibited insecure behaviours. Importantly, they found that when the older children avoided their foster parents, the foster parents too responded with withdrawal. When the children exhibited resistance by way of difficulty in settling once distressed, some foster parents responded with impatience and irritability. Dozier, Bick and Bernard (2011) stressed the importance of identifying such patterns early in placement and ensuring that appropriate interventions were made available.

In this article, we consider the role that poor early foster care experiences had on the risk of a child later experiencing an adoption disruption. The evidence originates from two national adoption studies, focussing on adoptive families who had either experienced an adoption disruption (post order), or who were experiencing great strain and were at risk of disruption. We were interested to find that not only did older age at entry into care, multiple moves in foster care, and particularly traumatic early histories afford children elevated risks for adoption disruption, but once in care, many of the children whose adoptions later disrupted were considered by their parents to have had very poor fostering experiences before moving into their adoptive homes.

The research studies

Two national adoption studies were completed: one in England, funded by the Department for Education (Selwyn, Meakings & Wijedasa, 2015) and the other in Wales, funded by the Welsh Government (Wijedasa & Selwyn, 2014; Selwyn & Meakings, 2015a). Both studies used a similar mixed method approach to calculate the national rate of adoption disruption and to explore the experiences of those who had been involved in, or were at risk of disruption. Detailed methodology has been published and can be found at www.bristol.ac.uk/hadley. Ethical permission for both studies was granted by the ethics committee, at the School for Policy Studies, University of Bristol.

In brief, the study comprised statistical analyses of the national databases of over 40,000 adoptions from care. Abuse and neglect was the main reason for entry into care for three-quarters of all the adopted children. Despite such a high incidence of adversity, the rate of post order adoption disruption was very low - just 3.2% in England over a 12 year period and 2.6% in Wales over an 11 year period.

To understand more about disruption, 13 local authorities in England sent a survey on behalf of the research team to all the families (n=620) who had adopted a child from their care between 2002 and 2004. A link to the survey was also posted on the Adoption UK (AUK) website for completion by anyone who had adopted a child from care. The survey asked families how the adoption was faring and whether the child still lived at home. Two hundred and ten families completed the local authority survey (34% response rate), as did 180 AUK members, giving information on 689 adopted children. Even though the response rate to the local authority survey was modest, it was no less than we had expected for an approach attempting to trace families whose child had been placed for adoption more than 10 years previously. Whilst we cannot make any claims about the representativeness or generalisability of the sample, it was encouraging to discover that despite the different sampling methods between the Local Authority and AUK surveys, the findings were remarkably similar. Notably, about a quarter of families whose child still lived at home, reported serious difficulties in parenting their child - the vast majority of whom were teenagers. Challenges reported included children's violence within the family home (Selwyn & Meakings, 2015b) offending, self-harm, mental illness and running away.

The third phase of the research comprised in-depth, semi-structured interviews with 90 families: 45 with adoptive parents whose child had left home prematurely (under the age of 18) because of the serious difficulties faced in adoptive family life and 45, whose child still lived at home, but where family life was rated by parents as very difficult and at risk of disruption. The interview sample in England (n=70) was drawn from those families who had completed the survey and who had given consent to be interviewed,

whilst families in Wales (n=20) were asked to take part through leads provided by the Local Authorities and snowballing techniques. Their children had been in foster care between 1998 and 2004 and had been adopted between 2002 and 2004.

All but two of the interviews took place in the adopters' homes. Each interview lasted between 2-5 hours. An investigator-based approach to the interviews was used (Brown, 1983; Quinton & Rutter, 1988). This method combines a 'qualitative' approach to questioning but allows a 'quantitative' treatment of data. It provides systematic and detailed coverage of topics and numerically analysable data whilst providing extensive case material. The interview schedule followed the adoption journey from the initial adoption application to the present day. This article focuses on just one part of that journey - parents' accounts of the contact with the child's foster carers during the introductions to their child and transition to the adoptive home. Eighty-six of the 90 parents spoke about such matters: four parents were excluded from this part of the analysis, as they had been the child's foster carer before going on to adopt them.

It is important to emphasise that the findings presented here do not represent the views and experiences of the majority (66%) of parents surveyed, who reported no or few difficulties in adoptive family life. The interview work was wholly with those families who had faced an adoption disruption, or those who were in serious difficulty and at risk of disruption. To preserve anonymity, names and identifying details have been changed.

Adoptive parents' accounts of their child's experience in foster care

Parents (n=86) were asked what they knew about their child's experiences in foster care prior to the adoptive placement. During the introductions to their child, parents had, of

course, met the foster carers and had observed the child being cared for in the foster home. Many parents had also spoken at length with the foster carers prior to the child being placed. Just over half of the parents (51%) believed that their child had been well cared for whilst living in their foster family. Occasionally parents described, what they considered to have been, an exceptionally positive experience. One adoptive mother who had, for many years, remained in touch with her daughters' foster carers said:

[The foster carers] provided the first experience for my children of genuine care and love, in a way they hadn't experienced within their birth family. We felt that was really important, we still do think it's important, and it's helped our children.

However, nearly as many parents (49%) had serious misgivings about the quality of the care shown to their child whilst in the pre-adoption foster placement. Notably, the parents in those families who went on to face an adoption disruption, were statistically more likely (chi-square = 5.057, df1, $p < .025$) to have harboured concerns about their child's experiences in foster care, than those whose child still lived at home.

Fourteen per cent of all parents were certain that their child had been abused and/or neglected whilst in foster care and a further 13 per cent thought that abuse and/or neglect had probably occurred. Whilst physical and sexual abuse were occasionally cited, it was emotional abuse that was most frequently reported. Although the alleged maltreatment occurred whilst children were in foster care, foster carers were not always the instigators of the abuse. One mother, for example, described how her son had been subjected to continued emotional abuse by birth parents, after the foster carer had befriended the birth family and allowed unauthorised and unsupervised access to the child.

On just a couple of occasions, children had been removed from a foster placement by the local authority because of concerns about their care. There were several other instances of social workers letting the adoptive parents know, often in coded language, that the care shown to children whilst in their foster care placement had not been satisfactory.

A further 22% of adoptive parents, although unsure whether their child's foster care experiences qualified as neglectful or abusive, wanted, for the purpose of the study, to register their concerns about the poor quality care shown to their child. In the main, these concerns centred on the omission by carers in tending to children's emotional needs.

The lack of warmth shown to the children by foster carers was a recurring theme. Parents described foster carers who had provided adequate physical care, yet who were disengaged emotionally from the child and who provided very little in the way of nurture. Adopters used terms such as 'cold' 'clinical' and 'professional' to describe the care shown to children by some foster carers. Two parents explained:

[Foster carer] was meticulous actually and met all his physical needs. She said to us, 'I'm not here to show him affection or love, it's your job'. So she just did the basics. She said: 'I've had him as a favour to [local authority]. I don't have babies, but he was a favour'.

There's this thing about once they're in foster care they're okay and I would say although the [foster] family certainly attended to his every physical need, I don't think his emotional needs were met at all. I think the way he was when we first got

him was completely indicative of that. He just had given up showing any emotional response in order to get attention.

There were accounts from parents of very little physical contact between the foster carers and the children. Parents reported instances of infants being prop fed, and of being left to feed unattended at night. According to adoptive parents, several children had not being hugged or cuddled, or even allowed sit on the laps of foster carers. Two parents, describing this lack of physical contact said:

She was a foster mother who said she didn't give cuddles because she didn't want to make the attachment. So she didn't give cuddles and things like that, and of course Sasha was a four year old who wanted cuddles ... She was fed and she was clothed, she was well looked after that way, but emotionally, no. She was very emotionally backwards and she still is suffering from that now.

One thing that [foster carer] used to do - and she told us that we could do this with him - is to leave his bottle of milk in his crib at night so he could just grab it and have it in the night. That said something to me, you don't really do that.

For some parents, the lack of emotional warmth shown to children whilst in foster care was further evidenced by the way in which the foster carers talked about the child. A few parents described how foster carers had made derogatory or negative remarks about the child during the introductions, for example, harsh comments about the child's physical appearance or about their lack of potential. One foster carer went as far as to tell the adoptive parents that the child (an infant) was unlovable.

Parents also described children who had been treated less favourably than the foster carers' own birth children. As one parent explained:

Because they had six children, there were very structured bedtimes ... our children had to go to bed an hour earlier than their birth children, so [foster carers] had an hour with the birth children on their own. Sophie used to go to bed at 5.30pm. and she was nearly five years old ... She used to eat her meals in a high chair because there were so many around the table ... she was left to eat on her own.

One foster carer, who openly acknowledged that she had treated her birth child preferentially, mistakenly thought that by not encouraging attachment behaviours she was preparing the child well for adoption. The parent explained:

The foster carers were really lovely ... but I remember them saying to us, 'We haven't looked after him like our own children because he's moving. We wanted to save him for his adoptive family, so we haven't hugged him, kissed him, or cuddled him and paid him that sort of attention, because we wanted to save all that lovely stuff for you'.

Although concerns relating to the children's emotional wellbeing dominated the accounts by parents, three other areas of concern were identified. These comprised the lack of a family focus within the foster home, the limited stimulation provided to children and the failure by foster carers to respond adequately to children's health and/or developmental concerns.

According to some parents, daily life in the foster home had not provided children with experiences from which they might be helped to learn what family life could offer. One

mother, for example, in discussing concerns about her children's poor integration into the foster family, described the established routine in the foster home:

After school the children stayed in their bedrooms, they had a little television and videos ... they weren't allowed in the kitchen. When [foster carer] put food down, they just scrambled on top of the table and ate it with their hands ... she often ate separately from them.

To illustrate the lack of engagement between the foster carer and child, another mother recalled a remark made to her by the foster carer:

[During the introductions] we would try and read to Ethan in bed, but the foster carer would say, 'You don't want to do that, he'll want that every night'. We were thinking, yes, absolutely, don't you want your child to expect a story every night?

The limited stimulation provided in the foster home worried parents. Foster carers in busy households had sometimes admitted to parents that they had been unable to give the child the amount of attention they needed. One mother said:

It was not the right environment for Josie in a sense because [foster carers] just didn't have the time. They had taken on too much ... I couldn't have looked after [foster carer's] disabled daughter on my own, let alone two other children. She was absolutely amazing ... But with the best will in the world, the interaction for Josie was mainly coming from her lying next to a severely mentally and physically disabled child. Josie was largely left on the floor all day and then she

was sleeping 14 hours. A four or five month old baby, having to be woken up - so she'd obviously just completely shut down.

The failure by foster carers to respond, in a timely manner, to children's health or developmental difficulties, was also a matter of concern to parents. Social workers and statutory medical officers were also thought by parents to have been remiss in failing to identify health and developmental concerns. One mother, for example, described how her daughter's mobility problems, apparent, but seemingly overlooked whilst in foster care, were quickly diagnosed once in the adoptive home.

Megan walked in a funny way, it was a very stiff walk. I thought it was just maybe because of the neglect, maybe she just hadn't learnt to walk properly ... we were walking in town and she was really struggling. We thought there's something really not right so we took her to the doctor ... she has dysplasia, so the joints aren't joined properly, they're actually rubbing. She will eventually have to have hip replacements ... eighteen months she was in care, why didn't the 'Looked After Children' medical pick this up?'

With just under half of the 86 adoptive parents expressing concerns about the quality of care their child had received pre-adoption, there was a belief amongst parents that some of those experiences had affected relationships within the adoptive family. Parents described children who struggled to accept comfort or intimacy in their adoptive family, and who could not allow themselves to be nurtured. For some children, physical contact was difficult. One mother, for instance, said that even now cuddling her son was like 'hugging a stone statue'. She blamed this awkwardness on his foster carers, who had

always insisted that, as a five year old, he greet them with a handshake rather than a cuddle.

Although poor quality foster care had, in some instances, resulted in social workers speeding up the move to the adoptive home, there was, according to parents, no recognition from professionals that the family and child were likely to need additional supports or interventions. Parents said they were encouraged to believe that once with a loving family, the child would develop normally.

Discussion

For most children in the UK, who cannot remain living with birth family, foster care provides a positive and safe environment (Sinclair, 2007). It is important to reiterate that this article reports on the findings from a specific group of adoptive families: those who had experienced an adoption disruption and those who were in serious difficulty and at risk of disruption. They were not typical adoptive families.

We know that children whose adoptions disrupt carry into their adoptive families, many risks for poor outcomes. Reviews of the disruption literature (e.g. Coakley & Berrick, 2008) have consistently shown that older age at entry to care and multiple moves whilst in care are both risk factors for disruption. Our statistical analysis of the national data, on over 40,000 adoptions from care, supported these assertions. We found that children who entered care over the age of four years had a thirteen times greater risk of disruption, whilst those who had multiple moves in foster care were five times more likely to face an adoption disruption. Furthermore our findings from the two national studies showed that, compared to those who remained living at home, children who

experienced an adoption disruption were more likely to have been exposed to the most serious extremes of abuse (particularly sexual abuse) and to domestic violence in their birth families. The findings presented here suggest that another factor should be considered as one that increases the risk of disruption - namely poor quality foster care prior to adoption.

The majority of children, even when carrying multiple risks, will not experience an adoption disruption. In fact, despite children's early adversities, many adoptions are very successful, providing children with opportunity for developmental recovery (Van Ijzendoorn & Juffer, 2006; Lloyd & Barth, 2011). The disruption rate for adopted children, even with known risk factors, is far lower than that for children on other types of permanent legal orders such as Special Guardianship or Residence Orders (Selwyn et al. 2015).

In spite of the serious challenges the foster carers may well have faced in caring for such disadvantaged and vulnerable children, the number of adoptive parents in our studies, who expressed concern about their child's foster care experience pre adoption, came as something of a surprise. At the outset of data collection, and based on the findings from previous studies, we had anticipated that just a handful of parents might report abusive and/or neglectful foster care experiences. Reporting on a large survey by the National Foster Care Association, Biehal and Parry (2010) estimated that confirmed maltreatment occurred in less than 1% of fostering households. Sinclair et al. (2005) suggested a slightly higher rate of just under 3%, based on findings from the York Outcomes Study. A more recent UK study put the rate of confirmed abuse and/or neglect in foster care at

just under 1% per year, whilst alleged maltreatment stood at about 4% (Biehal, Cusworth, Wade & Clarke, 2014).

In our interviews with 86 adoptive families, fourteen percent of parents were certain that their child had been abused and/or neglected whilst in foster care and a further 13% of parents suspected that this had been the case. Emotional abuse was, by far, the most frequently reported form of maltreatment identified by parents. Of course, the methods used in different studies for estimating maltreatment vary. Our studies used adoptive parents' reports and it may be that their threshold for care considered to be abusive or neglectful was lower than that reported by, for example, social workers, especially around the less tangible components of emotional abuse. In her review of maltreatment in foster care, Biehal (2014) drew attention to fact that some professionals may be unwilling to acknowledge maltreatment, or slow to recognise that emotional abuse can happen in a foster placement. There is also some evidence to suggest that social workers accept lower standards of care in foster families than in other family forms (Marshall, Jamieson, & Finlayson, 1999).

Within the research literature, attention had been drawn to the lack of description about how emotional abuse is characterised, as well as the limited research focus more generally on emotional abuse, when compared to other forms of maltreatment (Biehal, 2014). Emotional abuse does not usually stem from an isolated incident - more commonly it is evidenced by a pattern of hostile and dismissive parental reactions, and/or the omission by parents or carers to respond to a child's needs, which in turn, makes children feel unloved and unwanted (Howe, 2005; Glaser, 2001). In our studies, it was the accounts by adoptive parents of children not being nurtured or loved because

of insensitive or misguided foster carer behaviours that contributed to such high levels of parental concern.

It should be borne in mind that we were eliciting the views from adoptive parents retrospectively and in the context of families having faced great adversity. It may well be that some adoptive parents found it easier to identify external influences as contributors to their difficulties, than to recognise possible influences from within the family (such as their own parenting behaviours). It should also be noted that we did not speak to those foster carers with whom the children had lived and it may well be that the foster carers had different views about the care shown to children. Notwithstanding these limitations, the findings do not detract from the fact that some of the foster care practice described by adopters was undoubtedly wanting and harmful to children.

There may be many reasons why foster carers in our studies did not or could not, meet the needs of the children in their charge. Several adoptive parents believed that some foster carers were simply looking after too many children, which resulted in chaotic households and missed opportunities to respond adequately to the differing emotional needs of all the children in the home. Perhaps too, as was observed by Hardy and colleagues (2013) and Stovall-McClough and Dozier (2004), children had struggled to express their distress or needs and therefore did not elicit responsive caregiving. Indeed, parents in our studies did report instances of children having stopped behaving in ways that should have provoked a nurturing response by foster carers.

It may also be that in some cases, a lack of warmth and affection between foster carers and children existed, simply because they did not 'click'. Wilson (2006) identifies the

importance of the chemistry between children and foster carers, which when absent, leads to pernicious spirals of interaction, where rejection leads to rejection.

It is also possible that the lack of emotional warmth shown towards the children was brought about by compassion fatigue (sometimes referred to as secondary trauma) in the foster carers. In simple terms, compassion fatigue can be understood as the emotional cost of caring for others (Figley, 2002). Compassion fatigue could affect a foster carers' ability to invest emotionally in the children they look after. It may arise from the stress associated with learning about traumatic events in children's lives, or from the impact of caring for seriously abused and neglected children. In setting out strategies to manage compassion fatigue, Pearlman and Saakvitne (1995) described the importance of achieving an appropriate work / life balance. However, given the very nature of foster care, with work and family life so enmeshed, such advice has little relevance to the foster care context. Whilst a child is in placement, foster carers maintain an all day, every day commitment.

In view of the likely emotional strain in caring for abused and neglected children, perhaps foster carers should be not be expected to provide back to back placements - to allow for opportunity to reflect, recharge and rejuvenate between caring responsibilities. However, given that the demand for foster care placements outstrip supply, there remains a constant pressure to fill any 'empty beds'. In fact, our studies revealed instances of rushed introductions between children and their adoptive parents, in order to accommodate the arrival of the next child lined up for the foster home. There was also a financial incentive for foster carers to avoid breaks between placements, as some received no payments if they were not looking after a child.

The low levels of intimacy, warmth and affection shown by foster carers towards some children may have been influenced by the impermanent nature of the placement. Some adoptive parents wondered whether foster carers had maintained an emotional distance from children placed with them, to avoid a hurtful loss when the child moved on. Several parents recognised the foster carer's anguish at 'losing' the child. Attention has been drawn to the grief and loss felt by both carers and children when foster placements end (see for example, Lanyado, 2003; Hebert, Kulkin & McLean, 2014; Browning, 2015). It is possible too, that some of the emotional disengagement observed in foster carers by the adoptive parents was heightened because the foster carers, aware that the child's departure was imminent, had withdrawn from the child as a way with which to cope with the situation.

As well as a need to better support foster carers emotionally during the challenging and complex task of moving children on for adoption, the findings from our studies raise serious questions about the quality of education and training for foster carers more generally. For example, the misinterpretation of 'safe caring' policies, led some foster carers to believe that they must minimise or avoid all physical contact with the child. In addition, a poor understanding of attachment theory resulted in some foster carers purposefully avoiding nurturing children, because of worries that this might confuse children and impair their ability to form a secure attachment to their adoptive parents. However, the research evidence is clear that a child with a secure attachment to a primary care giver is more likely to be able to transfer that bond to a subsequent attachment figure, should the need arise. Formal training programmes (e.g. Bick and

Dozier, 2013) have been shown to play an important role in helping to promote sensitive caregiving in foster placements.

The interplay of genes, events in the birth family, and children's care experiences on outcomes are difficult to unpick. However, our findings demonstrate that poor quality foster care pre-adoption, is an additional adversity associated with adoption disruption. The children in our study, who were considered by their parents to have been poorly cared for whilst in their foster placement, were statistically more likely to go on to experience an adoption disruption, than those children whose parents had no such concerns. Social workers therefore need to recognise the risks that children carry after poor foster care experiences, and plan additional support. It is likely that interventions aimed at improving parents' understanding of the child's mental state and sensitivity to the child's signals would be helpful. The research reported here did not set out to investigate specifically how foster care experiences affected children. Detailed research on this topic is needed to better understand the impact that good and poor foster care experiences can have on children's development.

References

Bick, J., & Dozier, M. (2013). The effectiveness of an attachment based intervention in promoting foster mothers' sensitivity towards foster infants. *Infant Mental Health Journal*, 34(2), 95-103.

Biehal, N., & Parry, E. (2010). *Maltreatment and allegations of maltreatment in foster care. A review of the evidence*. Social Research Policy Unit, University of York.

Biehal, N. (2014). Maltreatment in foster care: A review of the evidence. *Child Abuse Review*, 23, 1, 48-60.

Biehal, N., Cusworth, L., Wade, J., & Clarke, S. (2014). Keeping children safe: Allegations concerning the abuse or neglect of children in care. London, UK: NSPCC.

Boss, P. (2006). *Loss, trauma and resilience. Therapeutic work with ambiguous loss*. New York: Norton & Co.

Boss, P., & Greenberg, J. (1984). Family boundary ambiguity: A new variable in family stress theory. *Family Process*, 23, 525-546.

Boswell, S., & Cudmore, L. (2014). 'The children were fine': Acknowledging complex feelings in the move from foster care into adoption. *Adoption and Fostering*, 38(1), 5-21.

Brown, G. (1983). Accounts, meanings and causality. In Gilbert, G., & Abell, P. (Eds) *Accounts and actions*. Aldershot, UK: Gower.

Browning, A. (2015). Undertaking planned transitions for children in out-of-home care. *Adoption and Fostering*, 39(1), 51-61.

Cliffe, D., & Berridge, D. (1991). *Closing children's homes: An end to residential child care?* London, UK: National Children's Bureau.

Coakley, J., & Berrick, J. (2008). Research review: In a rush to permanency: Preventing adoption disruption. *Child and Family Social Work*, 13, 101-112.

Department for Education (2011). *Fostering services: National minimum standards*. London, UK.

Department for Education (2015). *Children looked after in England year ending 31 March 2015*. SFR 34/2015. London, UK.

Dozier, M., Bick J., & Bernard K. (2011). Intervening with foster parents to enhance biobehavioral outcomes among infants and toddlers. *Zero Three*, 31(3), 17-22.

Figley, C. (2002). *Treating compassion fatigue*: New York: Brunner/Routledge.

Glaser, D., Prior, V., & Lynch, M. (2001). *Emotional abuse and emotional neglect: Antecedents, operational definitions and consequences*. York, UK: British Association for the study and prevention of child abuse and neglect.

Harden, B. (2002). Congregate care for infants and toddlers: Shedding new light on an old question. *Infant Mental Health Journal*, 23(5), 476-495.

Hardy, C., Hackett, E., Murphy, E., Cooper, B., Ford, T., & Conroy, S. (2013). Mental health screening and early intervention clinical research study for under 5-year-old children in care in an inner London borough. *Clinical Child Psychology and Psychiatry*, 20(2), 261-275.

Hebert, C., Kulkin, H., & McLean, M. (2013). Grief and foster parents: How do foster parents feel when a foster child leaves their home? *Adoption & Fostering*, 37(3), 253-267.

Howe D. (2005). *Child abuse and neglect: Attachment, development and intervention*. Basingstoke, UK: Palgrave Macmillan.

Lanyado, M. (2003). The emotional tasks of moving from fostering to adoption: Transitions, attachment, separation and loss. *Clinical Child Psychology and Psychiatry*, 8(3), 337-349.

Livingston-Smith, S. (2014). *Facilitating adoptions from care. A compendium of effective and promising practices*. London, UK: BAAF.

Lloyd, E., & Barth, R. (2011). Developmental outcomes after five years for foster children returned home, remaining in care, or adopted. *Children and Youth Services Review*, 33, 1383-91.

Marshall, K., Jamieson, C., & Finlayson, A. (1999). *Edinburgh's children: The report of the Edinburgh Inquiry into abuse and protection of children in care*. Edinburgh Council, Edinburgh, Scotland.

Pearlman, L., & Saakvitne, K. (1995.) Treating therapists with vicarious traumatization and secondary traumatic stress disorders. In Figley, C. [ed.] *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. New York: Brunner/Mazel.

Quinton, D., & Rutter, M. (1988). *Parenting breakdown: The making and breaking of inter-generational links*. Aldershot, UK: Avebury.

Selwyn, J., & Meakings, S. (2015a). *Beyond the adoption order (Wales): Discord and disruption in adoptive families*. Report to the Welsh Government.

Selwyn, J., & Meakings, S. (2015b). Adolescent-to-parent violence in adoptive families. *British Journal of Social Work*, doi: 10.1093/bjsw/bcv072.

Selwyn, J., Meakings, S., & Wijedasa, D. (2015). *Beyond the adoption order: Challenges, interventions and disruption*. London, UK: BAAF.

Sinclair, I. (2007). *Fostering now: Messages from research*. London, UK: Department for Education and Skills.

Sinclair, I., Baker, C., Wilson, K., & Gibbs, I. (2005). *Foster children. Where they go and how they get on*. London, UK: Jessica Kingsley Publishers.

Stovall-McClough, K., & Dozier, M. (2004). Forming attachments in foster care: Infant attachment behaviors during the first 2 months of placement. *Development and Psychopathology*, 16, 253-271.

Thomson, L., & McArthur, M. (2009). Who's in our family? An application of the theory of family boundary ambiguity to the experiences of former foster carers. *Adoption and Fostering*, 33(1), 68-79.

Triseliotis, J., Sellick, C., & Short, R. (2005). The institution of foster care. In Frost, N. [ed.] *Child welfare: Major themes in health and social welfare*. London, UK: Routledge.

Twigg, R., & Swan, T. (2007). Inside the foster family. What research tells us about the experience of foster carers' children. *Adoption and Fostering*, 31(4), 49-61.

Van Ijzendoorn, M., & Juffer, F. (2006). The Emanuel Miller memorial lecture 2006: Adoption as intervention: Meta-analytic evidence for massive catch-up and plasticity in physical, socio-emotional, and cognitive development. *Journal of Child Psychology and Psychiatry*, 47, 12, 1228-45.

Welsh Government (2015). *Adoptions of looked after children*.

<https://statswales.wales.gov.uk>

Wijedasa, D., & Selwyn, J. (2014). Beyond the adoption order: An investigation of adoption disruption in Wales. Research report to Welsh Government.

Wilson, K. (2006). Can foster carers help children resolve their emotional and behavioural difficulties? *Clinical Child Psychology and Psychiatry*, 11(4), 495-511.

World Health Organisation (2004). *The importance of caregiver-child interactions for the survival and healthy development of young children: A review*. Department of Child and Adolescent Health Development.